2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 22, 2007 8:00 am **Secretary of State DOCUMENT # P06000102625** 01-22-2007 90096 026 ***150.00 1. Entity Name C.S.J. DEVELOPMENT, INC. Principal Place of Business Mailing Address 40004151 5220 GATO DEL SOL CIRCLE 5220 GATO DEL SOL CIRCLE WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 52206ato Icl Sal Cin 5220 GATO Del Sol Cin Suite, Apt. #, etc. 01202007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Wesley chapel Florida 20-5327980 Wesleg Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 335<u>44</u> 33544 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUMP, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 5220 GATO DEL SOL CIRCLE WESLEY CHAPEL, FL 33544 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of remistered agent 1-20-2007 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE Delete TITLE ☐ Change ☐ Addition JUMP, RICHARD D NAME NAME STREET ADDRESS 5220 GATO DEL SOL CIRCLE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change ■ Addition JUMP, CHERYL S NAME NAME STREET ADDRESS 5220 GATO DEL SOL CIRCLE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1-20-2007